

SCOPE OF PRACTICE STATEMENT OF PROFESSIONAL INTENT

Licensed Associate Counselor (LAC) _____ Licensed Professional Counselor (LPC) _____
Licensed Associate Marriage /Family Therapist (LAMFT) _____
Licensed Marriage and Family Therapist (LMFT) _____

Name _____ / ____ / ____
Type or Word Process Signature Mo/Day/Year

NATURE OF MY COUNSELING/PSYCHOTHERAPY PRACTICE (AND/OR) MARRIAGE & FAMILY THERAPY PRACTICE (Include specialization license)

DISORDERS, ISSUES, PRESENTING PROBLEMS I ACCEPT

THEORETICAL APPROACHES I USE

METHODS AND TECHNIQUES I USE

POPULATION(S) I SERVE

ASSESSMENT INSTRUMENTS I ADMINISTER AND PURPOSE FOR USE

Projective Techniques are not permitted under this license. [Act 593 of 1979, Sec. 3(e) 2]

I understand that my Statement of Intent is my scope of practice and reflects the training documented in my Board file. I will revise my Statement of Intent when I document additional training and/or changes in my scope of practice.

SIGNATURE _____ DATE _____

APPROVED _____ DATE _____ FOR LICENSE

NUMBER _____ VALID _____

Revised November 11, 2009